ENTRY BLANK Entered previous May Show PLEASE TYPE OR PRINT ves ves □ no ☐ Ms. ROGER D. SHIPLEY Mr. Artist _ (Last Name Last) Permanent 3000 INWOOD RD., WILLIAMSPORT, PA. Address _ Street 717-494-1086 Tel. (17701 Zip Area Code **Temporary** Address. Street City Tel. (Area Code Zip Permanent address is in what county? Lycoming Born in Cuyahoga County 🛕 Yes 🗌 No Collaborator _ (If Anv) If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address: **Special Instructions** When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Pry D. Shypley

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